

**EXHIBIT****J**

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**Voter Data Request Form**

Please select one of the following:

\_\_\_\_ Electronic File \_\_\_\_ Printed List \_\_\_\_ Mailing Labels

**VOTER INFORMATION AUTHORIZATION****NOTE:** Minimum charge for any request is \$15.00**Please indicate the purpose of this request**

Please provide a description of your intended use of voter data:

☐ Campaign Use☐ Governmental Use**Please select the jurisdiction that you are requesting:**☐ Statewide☐ County(s) \_\_\_\_\_☐ Other: \_\_\_\_\_☐ District \_\_\_\_\_**Please indicate all information that you are requesting:****NOTE:** All files come with registrant name, address (both physical and mailing), year of birth, party affiliation, precinct assignment jurisdiction and registrant ID number. Any additional fields must be indicated below.☐ Districts  
(all districts associated with a voter)☐ Voting History  
(elections a voter has participated in)☐ Method Voted  
(i.e. absentee, early or Election Day)**Information of Requestor**

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Authorization**

Unlawful use of the information requested on this form shall consist of willful selling, loaning, providing access to or otherwise surrendering, duplicating or alteration of information as stated in the Voter Records System Act (§1-5-1 through 1-5-31 NMSA 1978).

I hereby swear that the requestor will not: (INITIAL EACH)

\_\_\_\_ sell, loan, provide access to, or otherwise surrender voter information received as a result of this request.

\_\_\_\_ alter voter information received as a result of this request.

\_\_\_\_ use voter information for any purpose other than those authorized on this form.

\_\_\_\_ use voter information for any commercial purposes.

**Signature of Requestor**

\_\_\_\_\_

**For Office Use Only**

Total Cost: \$ \_\_\_\_\_ Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments: \_\_\_\_\_ Receipt Number: \_\_\_\_\_